

County: Door

Facility ID: 2780

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DORCHESTER HEALTH AND REHAB
200 N 7TH AVE

STURGEON BAY 54235 Phone:(920) 743-6274

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 119

Total Licensed Bed Capacity (12/31/04): 138

Number of Residents on 12/31/04: 106

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 107

Corporation

Skilled

No

Yes

Yes

107

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		41.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	5.7	More Than 4 Years		15.1
Day Services	No	Mental Illness (Org./Psy)	29.2	65 - 74	11.3			-----
Respite Care	No	Mental Illness (Other)	1.9	75 - 84	32.1			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	39.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	11.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.4		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	7.5	65 & Over	94.3	-----		
Transportation	No	Cerebrovascular	9.4		-----	RNs		8.2
Referral Service	Yes	Diabetes	3.8	Gender	%	LPNs		10.6
Other Services	Yes	Respiratory	16.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.8	Male	25.5	Aides, & Orderlies		
Mentally Ill	Yes	-----	-----	Female	74.5			
Provide Day Programming for		100.0	-----		-----			
Developmentally Disabled	Yes		-----		100.0			

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	18	100.0	340	4	5.8	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	22	20.8
Skilled Care	0	0.0	0	62	89.9	117	1	100.0	161	17	100.0	161	0	0.0	0	1	100.0	255	81	76.4
Intermediate	---	---	---	2	2.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.4	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		69	100.0		1	100.0		17	100.0		0	0.0		1	100.0		106	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	6.2	Bathing	0.9	45.3	53.8	106
Private Home/With Home Health	0.0	Dressing	9.4	89.6	0.9	106
Other Nursing Homes	1.2	Transferring	27.4	65.1	7.5	106
Acute Care Hospitals	86.4	Toilet Use	16.0	81.1	2.8	106
Psych. Hosp.-MR/DD Facilities	0.0	Eating	22.6	75.5	1.9	106
Rehabilitation Hospitals	0.0	*****				
Other Locations	6.2	Continence	%	Special Treatments	%	
Total Number of Admissions	243	Indwelling Or External Catheter	9.4	Receiving Respiratory Care	12.3	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	54.7	Receiving Tracheostomy Care	0.0	
Private Home/No Home Health	4.1	Occ/Freq. Incontinent of Bowel	29.2	Receiving Suctioning	0.0	
Private Home/With Home Health	21.0			Receiving Ostomy Care	3.8	
Other Nursing Homes	5.8	Mobility		Receiving Tube Feeding	2.8	
Acute Care Hospitals	37.0	Physically Restrained	0.9	Receiving Mechanically Altered Diets	37.7	
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives	87.7	
Other Locations	6.2	With Pressure Sores	13.2	Medications		
Deaths	25.9	With Rashes	10.4	Receiving Psychoactive Drugs	64.2	
Total Number of Discharges (Including Deaths)	243					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.5	81.9	0.95	86.1	0.90	85.9	0.90	88.8	0.87
Current Residents from In-County	91.5	72.8	1.26	80.1	1.14	75.1	1.22	77.4	1.18
Admissions from In-County, Still Residing	18.1	18.7	0.97	19.9	0.91	20.5	0.89	19.4	0.93
Admissions/Average Daily Census	227.1	151.4	1.50	143.3	1.59	132.0	1.72	146.5	1.55
Discharges/Average Daily Census	227.1	151.2	1.50	144.8	1.57	131.4	1.73	148.0	1.53
Discharges To Private Residence/Average Daily Census	57.0	74.0	0.77	69.4	0.82	61.0	0.94	66.9	0.85
Residents Receiving Skilled Care	97.2	95.3	1.02	95.9	1.01	95.8	1.01	89.9	1.08
Residents Aged 65 and Older	94.3	94.3	1.00	93.5	1.01	93.2	1.01	87.9	1.07
Title 19 (Medicaid) Funded Residents	65.1	71.9	0.91	71.5	0.91	70.0	0.93	66.1	0.99
Private Pay Funded Residents	16.0	16.7	0.96	16.3	0.98	18.5	0.87	20.6	0.78
Developmentally Disabled Residents	0.9	0.6	1.51	0.7	1.41	0.6	1.64	6.0	0.16
Mentally Ill Residents	31.1	29.5	1.05	32.1	0.97	36.6	0.85	33.6	0.93
General Medical Service Residents	19.8	23.5	0.84	21.4	0.93	19.7	1.01	21.1	0.94
Impaired ADL (Mean)	49.2	46.4	1.06	48.7	1.01	47.6	1.04	49.4	1.00
Psychological Problems	64.2	54.5	1.18	55.2	1.16	57.1	1.12	57.7	1.11
Nursing Care Required (Mean)	10.0	7.4	1.36	7.9	1.27	7.3	1.37	7.4	1.35